

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021221

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 191

FILED MAY 21 1963

VS 300
Rev. 4/59

1 0942

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Francios | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francios | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River | | c. CITY OR TOWN Farmington | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home | | d. STREET ADDRESS (If outside, give location) 511 Healey St. | |
| 3. NAME OF DECEASED (Type or print) First Robert Middle Wilson Last McDuffee | | 4. DATE OF DEATH Month May Day 16 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/26/1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Barber | |
| 11a. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME John W. McDuffee | | 13b. MOTHER'S MAIDEN NAME Mary Marshall | |
| 14. NAME OF HUSBAND OR WIFE Lavinia McDuffee | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. 59 | | 17. INFORMANT John McDuffee Address St. Louis, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 3 mo | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal Bleeding - Cause UNKNOWN | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Farmington Mo | |
| 21. I attended the deceased from 10-13-59 to 5-16-63 and last saw him alive on 2-6-63 Death occurred at 1 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 5-17-63 | |
| 22a. SIGNATURE C.E. Carleton M.D. | | 22b. ADDRESS Farmington Mo | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/18/1963 | 23c. NAME OF CEMETERY OR CREMATORY Silver Point | 23d. LOCATION (City, town, or county) (State) Perry County Mo. |
| 24. FUNERAL DIRECTOR C.H. Cozean Address Farmington Mo. | | 25. DATE RECD. BY LOCAL REG. May 13 1963 | |
| 26. REGISTRAR'S SIGNATURE Ester R. Rude | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Hamington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.